INTRODUCTION
Percutaneous closure of atrial septal defect (ASD) has become an accepted, reliable procedure and alternative to surgical treatment. Various complications associated with this procedure have been identified, but tear of atrial septal rim is a very rare complication. We report a case of atrial septal rim tear due to balloon sizing and diagnosed at the same time by transesophageal echocardiography (TEE).

CASE
A 64-year-old female patient was admitted to our clinic with dyspnea. Transthoracic echocardiography (TTE) was performed. Ejection fraction was %60. Moderate tricuspid regurgitation was observed, and pulmonary artery pressure was 45 mmHg. TTE revealed a left to right shunt and TEE was planned. Two separate secundum type ASD were observed, and diameters of defects were measured as 15 and 14 mm. Measurement of rim between two defects was 7 mm. (Figure 1 A-B-C) It was observed that the aortic rim was absent but the other rims were sufficient for percutaneous closure. Percutaneous closure was planned. Balloon sizing with a 34-mm AGA balloon resulted in a stretched defect diameter of 26 mm using the stop-flow technique. After the measurement of ASD with sizing balloon flail structure was observed in atrial septal rim. We evaluate this image from various echocardiographic window and diagnosed the atrial septal rupture. (Figure 1-E) The patient was hemodynamically stable during the intervention and the atrial septal rupture diameter did not increase. Therefore, it was decided to continue the process. ASD diameter was measured again after the rupture of the atrial septum and it was measured 26 mm by TEE and sizing balloon. A 28-mm Amplatzer septal occluder (ASO) was selected. In the same session 28 mm ASO device was successfully placed in the defect. In the TEE examination, it was found that the device was in correct place, there was no shunt from left to right and the torn was between the two discs of the device. (Figure 1-F) The procedure was successfully completed without complications.

DISCUSSION
Rupture of the interatrial septum or rim during percutaneous ASD closure is a very rare complication. Possible causes of rupture in the interatrial septum when using sizing balloon may be the manipulation of the sizing balloon, passing the guide wire through a small atrial septum fenestration, and the over-stretching of the sizing balloon. There are very rare case reports in the literature about this subject. The rupture of the atrial septum can be enlarged, and therefore surgical treatment has to be performed in these cases in the literature.

CONCLUSION
In this case, we tried to present the rupture of the interatrial septum, which is a rare complication that may develop when using sizing balloon, and successful percutaneous closure of ASD in the same session.
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